

00862.021854

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

HIROYUKI FUJIYOSHI

Application No.: 09/516,112

Filed: March 1, 2000

For: INFORMATION PROCESSING
APPARATUS, SYSTEM AND
METHOD

Examiner: B. Jaroenchonwanit

Group Art Unit: 2143

June 23, 2004

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450AMENDMENT

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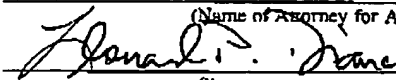
In response to the Office Action dated March 23, 2004, please amend the above-identified application as follows. The claim changes are reflected in the listing that begins at page 2, and the Remarks begin at page 22.

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LEONARD P. DIANA Reg. No. 29,296

(Name of Attorney for Applicant)



Signature

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Date of Signature

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TO:	B. Jaroenchonwanit Examiner-U.S. Patents and Trademark Office		
FROM:	Leonard P. Diana (Reg. No. 29,296)		
RE:	U.S. Patent Appln. No. 09/516,112 Atty. Docket No. 00862.021854		
FAX NO.:	703-872-9306		
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In re Application of:

Docket No. 00862.021854.

HIROYUKI FUJIYOSHI

Application No.: 09/516,112

Examiner: B. Jaroenchonwanit

Filed: March 1, 2000

Group Art Unit: 2143

For: INFORMATION PROCESSING APPARATUS
SYSTEM AND METHOD

Date: June 23, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 69	MINUS	** 94	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 5	MINUS	*** 8	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT—						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$ _____ is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

Zel P. Dianne
Attorney for Applicant

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